

**Attachment B - Service Hours Form**

Family Name: \_\_\_\_\_

Circle Area of Service:

Parish

School

Hour Fee

**20 total hours of service are required or you may opt to pay \$25 per service hour. This sheet is for one family only. Service dates are May 1 - April 30.**

**(If you are opting to pay the service fee, you may mail this form along with your check directly to Christ the King School at 1920 Barberry Drive, Springfield, IL 62704.)**

<b>Date:</b> _____ <b>Place:</b> _____ <b>Time:</b> _____ <b>Description of Service:</b>    <b>Signature of Witness:</b> _____
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<b>Date:</b> _____ <b>Place:</b> _____ <b>Time:</b> _____ <b>Description of Service:</b>    <b>Signature of Witness:</b> _____
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<b>Date:</b> _____ <b>Place:</b> _____ <b>Time:</b> _____ <b>Description of Service:</b>    <b>Signature of Witness:</b> _____
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<b>Date:</b> _____ <b>Place:</b> _____ <b>Time:</b> _____ <b>Description of Service:</b>    <b>Signature of Witness:</b> _____
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